2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 128545 Feb 25, 2000 8:00 am 1. Entity Name **Secretary of State** H & G LEASING, INC. 02-25-2000 90028 004 ***150.00 Mailing Address Principal Place of Business 6422 WEST HIGHWAY 98 6422 W HWY 98 PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407-5402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 57-0909542 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRATHER, JOEL Street Address (P.O. Box Number is Not Acceptable) 3521 FLORIDA AVE PANAMA CITY FL 32405 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE PRATHER, JOEL NAME NAME STREET ADDRESS STREET ADDRESS 3521 FLORIDA AVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE PRATHER, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 3521 FLORIDA AVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY_FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: Date Signific Marker Signific Company of PRATIES 1/28/200 850-234-031